



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 14-00916-218

**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
West Texas VA Health Care System
Big Spring, Texas**

July 23, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

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Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
IT	information technology
MH	mental health
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted site visits during the week of May 13, 2014, at the following CBOCs which are under the oversight of the West Texas VA Health Care System and Veterans Integrated Service Network 18:

- Abilene CBOC, Abilene, TX
- Fort Stockton CBOC, Fort Stockton, TX
- Hobbs CBOC, Hobbs, NM
- San Angelo CBOC, San Angelo, TX

Review Results: We conducted four focused reviews and had no findings for the Designated Women's Health Providers' Proficiency review. However, we made recommendations in the following three review areas:

Environment of Care. Ensure that:

- The external signage clearly identifies the building as a VA CBOC at the Fort Stockton CBOC.
- Managers maintain a clean and functioning environment of care at the Hobbs CBOC.
- Processes are improved to ensure that the review of hazardous materials inventory occurs twice within a 12-month period at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs.
- Managers ensure staff can access the electronic version of the chemical inventory at the Abilene and San Angelo CBOCs.
- Processes are improved to ensure the tracking of chemical inventories at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs.
- The effectiveness of the panic alarm system is evaluated at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs.
- A separate room is provided to store medical (infectious) waste at the Hobbs CBOC.
- Fire drills are performed every 12 months at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs.

- Managers ensure that personally identifiable information is protected by securing laboratory specimens during transport from the Abilene and San Angelo CBOCs to the parent facility.
- The door to the examination room designated for women veterans is equipped with electronic or manual locks at the Fort Stockton CBOC.
- Processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Fort Stockton CBOC.
- The information technology server closets at the Abilene, Fort Stockton, Hobbs and San Angelo CBOCs are maintained according to information technology safety and security standards.
- The parent facility document Emergency Management Preparedness-specific training completed for the West Texas VA Health Care System CBOC clinical providers.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Staff provide education and counseling for patients with positive alcohol screens and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits.
- Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.
- Registered Nurse Care Managers receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Medication Management. Ensure that CBOC/PCC staff:

- Document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
- Provide medication counseling/education as required.
- Document the evaluation of patient's level of understanding for the medication education.

Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 17–25, for the full text of the Directors’ comments.) We will follow up on the planned actions for the open recommendations until they are completed.



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Objectives, Scope, and Methodology

Objectives

The CBOC and PCC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality and the EOC. In general, our objectives are to:

- Determine whether the CBOCs are compliant with EOC requirements.
- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted onsite inspections, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- MM
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

Methodology

The onsite EOC inspections were only conducted at randomly selected CBOCs that had not been previously inspected.¹ Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

¹ Includes 93 CBOCs in operation before March 31, 2013.

Table 1. CBOC/PCC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score ² and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH PCPs designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

² The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0–12.

Results and Recommendations

EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.^a

We reviewed relevant documents and conducted physical inspections of the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 2. EOC

NM	Areas Reviewed	Findings
X	The CBOC's location is clearly identifiable from the street as a VA CBOC.	The Fort Stockton CBOC's location was not clearly identifiable from the street as a VA CBOC by the address provided by the parent facility.
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
X	The CBOC is clean and in good repair.	Hallway carpeting with large punctures, wall penetrations in the tele-health and examination rooms, and stained ceiling tiles adjacent to insulated piping with dust and debris in the IT closet were noted at the Hobbs CBOC.
X	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	<p>The CBOCs' inventory of hazardous materials at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs were not reviewed for accuracy twice within the prior 12 months.</p> <p>The staff at the Abilene and San Angelo CBOCs could not demonstrate how to access the electronic version of the inventory without coaching.</p> <p>Chemical inventories were not tracked at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs with the VHA Center for Engineering and Occupational Safety and Health-developed chemical inventory tracking system or in a database that can be downloaded to a Department-wide chemical inventory tracking system.</p>

NM	Areas Reviewed (continued)	Findings
X	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	Alarm/panic buttons at the Abilene, Fort Stockton, Hobbs and San Angelo CBOCs were not tested.
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
X	The CBOC has a separate storage room for storing medical (infectious) waste.	There was not a separate storage room for storing medical (infectious) waste at the Hobbs CBOC.
X	The CBOC conducts fire drills at least every 12 months.	There was no evidence of fire drills occurring at least every 12 months at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs.
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	No expired medications were noted during the onsite visit.	
	All medications are secured from unauthorized access.	
X	Personally identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.	At the Abilene and San Angelo CBOCs, personally identifiable information was not protected on laboratory specimens during transport until one week prior to the OIG's onsite inspection.
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are not lying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
X	Adequate privacy is provided to women veterans in the examination room.	<p>The examination room designated for women veterans at the Fort Stockton CBOC was not equipped with either an electronic or manual door lock.</p> <p>Gowned women veterans at the Fort Stockton CBOC cannot access gender-specific restrooms without entering public areas.</p>

NM	Areas Reviewed (continued)	Findings
X	The IT network room/server closet is locked.	Access to the IT network room/server closet at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs were not restricted to personnel authorized by OIT. Access to the IT network room/server closet at the Hobbs, Fort Stockton, and San Angelo CBOCs was not documented.
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
	EOC rounds are conducted semi-annually (at least twice in a 12-month period) and deficiencies are reported to and tracked by the EOC Committee until resolution.	
	The CBOC has an automated external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with Joint Commission standards.	
X	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	The parent facility did not document Emergency Management Plan-specific training for 2 of 16 CBOC clinical providers.
	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	

Recommendations

1. We recommended that external signage clearly identifies the building as a VA CBOC at the Fort Stockton CBOC.
2. We recommended that managers maintain a clean and functioning environment of care at the Hobbs CBOC.
3. We recommended that processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs.
4. We recommended that managers ensure staff can access the electronic version of the chemical inventory at the Abilene and San Angelo CBOCs.

- 5.** We recommended that processes are improved to ensure the tracking of chemical inventories at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs.
- 6.** We recommended that the effectiveness of the panic alarm system is evaluated at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs.
- 7.** We recommended that a separate room is provided to store medical (infectious) waste at the Hobbs CBOC.
- 8.** We recommended that fire drills are performed every 12 months at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs.
- 9.** We recommended that managers ensure that personally identifiable information is protected by securing laboratory specimens during transport from the Abilene and San Angelo CBOCs to the parent facility.
- 10.** We recommended that the door to the examination room designated for women veterans is equipped with electronic or manual locks at the Fort Stockton CBOC.
- 11.** We recommended processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Fort Stockton CBOC.
- 12.** We recommended that the information technology server closets at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs are maintained according to information technology safety and security standards.
- 13.** We recommended that the parent facility document Emergency Management Preparedness-specific training completed by the West Texas VA Health Care System CBOC clinical providers.

AUD

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected alcohol use screening and treatment requirements.^b

We reviewed relevant documents. We also reviewed 39 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 18 (46 percent) of 39 patients who had positive alcohol use screens.
X	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.	Staff did not provide education and counseling for 11 (28 percent) of 39 patients who had positive alcohol use screens.
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for four of eight patients diagnosed with alcohol dependence.
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
X	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	Treatment was not provided within 2 weeks of positive screening for 7 of 14 patients.
	CBOC/PCC RN Care Managers have received MI training within 12 months of appointment to PACT.	
X	CBOC/PCC RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that three of six RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.
	The facility complied with any additional elements required by VHA or local policy.	

Recommendations

14. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

- 15.** We recommended that CBOC/Primary Care Clinic staff provide education and counseling for patients with positive alcohol screens and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits.
- 16.** We recommended that CBOC/Primary Care Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- 17.** We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.
- 18.** We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

MM

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.^c

We reviewed relevant documents. We also reviewed 39 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 4. Fluoroquinolones

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 5 (13 percent) of 39 patient EHRs.
	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	
X	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	We did not find documentation of medication counseling that included the fluoroquinolone in 4 (10 percent) of 39 patient EHRs.
X	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	Clinicians did not document the level of understanding for 8 (20 percent) of 39 patients.
	The facility complied with local policy.	

Recommendations

19. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

20. We recommended that staff provide medication counseling/education as required.

21. We recommended that staff document the evaluation of patient's level of understanding for the medication education.

DWHP Proficiency

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected DWHP proficiency requirements.^d

We reviewed the facility self-assessment, VHA and local policies, Primary Care Management Module data, and supporting documentation for DWHPs' proficiencies. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Module.	

CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.³ The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality ⁵	CBOC Size ⁶	Uniques ⁴				Encounters ⁴			
					MH ⁷	PC ⁸	Other ⁹	All	MH ⁷	PC ⁸	Other ⁹	All
Abilene	TX	519HC	Urban	Mid-Size	1,115	3,982	3,778	4,841	5,532	10,816	15,464	31,812
Odessa	TX	519GA	Urban	Mid-Size	1,157	2,988	2,104	3,702	4,141	7,476	5,672	17,289
San Angelo	TX	519HF	Urban	Mid-Size	699	2,367	1,702	2,569	5,150	6,613	6,563	18,326
Hobbs	NM	519GB	Rural	Small	275	870	618	997	1,149	3,061	2,588	6,798
Fort Stockton	TX	519GD	Highly Rural	Small	0	210	90	227	0	394	160	554
Stamford	TX	519HD	Rural	Small	0	118	1	118	0	281	1	282

³ Includes all CBOCs in operation before March 31, 2013.

⁴ Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

⁵ http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx

⁶ Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

⁷ Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

⁸ Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary Care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

⁹ All other non-Primary Care and non-MH stop codes in the primary position.

CBOC Services Provided

In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.¹⁰

CBOC	Specialty Care Services ¹¹	Ancillary Services ¹²	Tele-Health Services ¹³
Abilene	Ophthalmology	Pharmacy Audiology Social Work Rehabilitation Nutrition Diabetic Retinal Screening	Tele Primary Care
Odessa	---	Pharmacy Diabetic Retinal Screening	Tele Primary Care
San Angelo	---	Pharmacy Social Work Nutrition	Tele Primary Care
Hobbs	---	Pharmacy	Tele Primary Care
Fort Stockton	---	---	Tele Primary Care
Stamford	---	---	---

¹⁰ Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

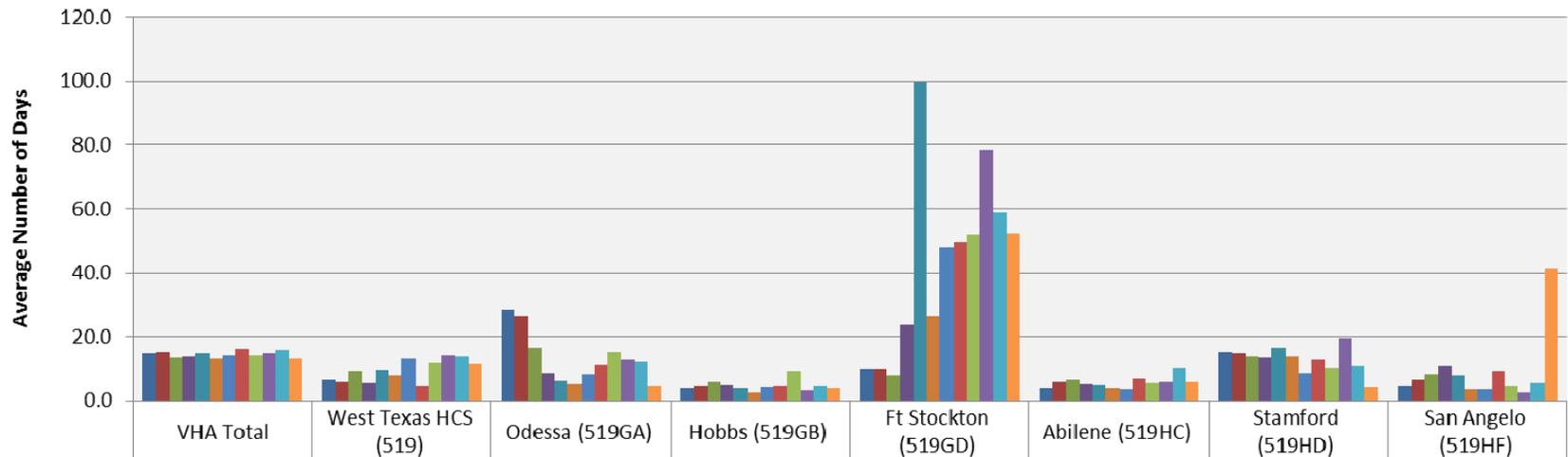
¹¹ Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.

¹² Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

¹³ Tele-Health Services refer to services provided under the VA tele-health program (<http://www.telehealth.va.gov/>).

PACT Compass Metrics

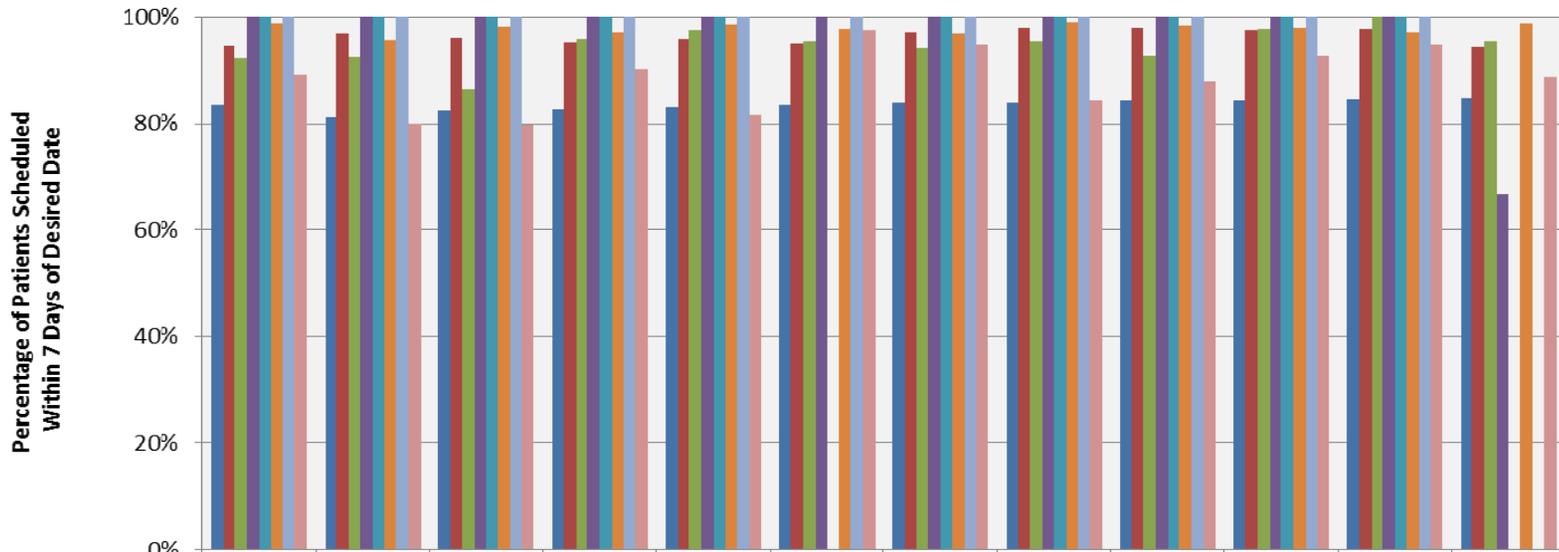
FY 2013 Average 3rd Next Available in PC Clinics



	VHA Total	West Texas HCS (519)	Odessa (519GA)	Hobbs (519GB)	Ft Stockton (519GD)	Abilene (519HC)	Stamford (519HD)	San Angelo (519HF)
OCT FY13	14.6	6.8	28.5	4.1	9.8	4.0	15.1	4.5
NOV FY13	15.2	5.8	26.6	4.5	9.7	6.0	14.7	6.8
DEC FY13	13.8	9.0	16.4	5.9	7.8	6.7	14.1	8.0
JAN FY13	14.0	5.6	8.4	4.8	23.6	5.4	13.5	10.8
FEB FY13	14.8	9.6	6.3	4.0	99.8	5.0	16.5	7.7
MAR FY13	13.3	7.6	5.1	2.4	26.4	4.1	14.1	3.4
APR FY13	14.4	13.2	8.0	4.3	48.0	3.7	8.5	3.4
MAY FY13	16.0	4.6	11.1	4.6	49.8	6.9	12.9	9.2
JUN FY13	14.2	11.8	14.9	9.0	51.8	5.7	10.0	4.6
JUL FY13	14.6	14.3	13.0	3.1	78.5	6.1	19.5	2.6
AUG FY13	15.7	14.0	12.2	4.5	58.6	10.1	11.0	5.7
SEP FY13	13.4	11.4	4.5	3.8	52.3	6.2	4.2	41.2

Data Definition.^e The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level.

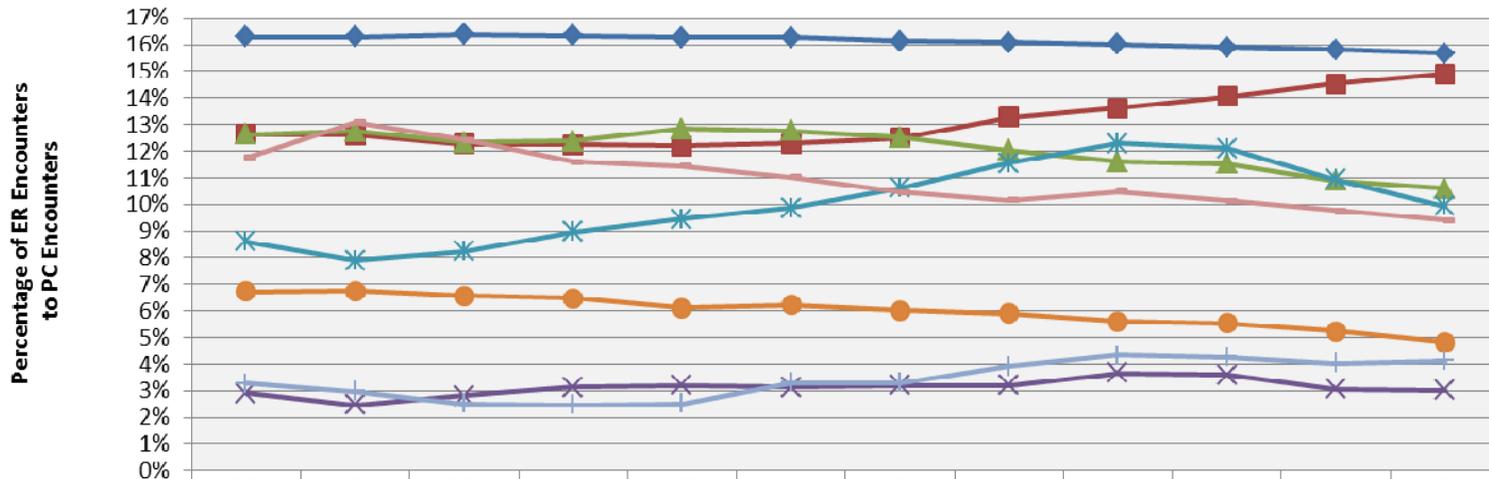
FY 2013 Established PC Prospective Wait Times 7 Days



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
West Texas HCS (519)	94.6%	96.7%	96.2%	95.2%	95.9%	95.1%	97.1%	97.8%	98.0%	97.5%	97.7%	94.4%
Odessa (519GA)	92.1%	92.3%	86.4%	95.8%	97.4%	95.5%	94.1%	95.4%	92.6%	97.8%	100.0%	95.6%
Hobbs (519GB)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%
Ft Stockton (519GD)	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%
Abilene (519HC)	98.9%	95.6%	98.1%	97.1%	98.6%	97.6%	96.8%	99.0%	98.3%	97.8%	97.1%	98.7%
Stamford (519HD)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
San Angelo (519HF)	89.1%	80.0%	79.7%	90.2%	81.6%	97.4%	94.9%	84.2%	87.9%	92.6%	94.7%	88.6%

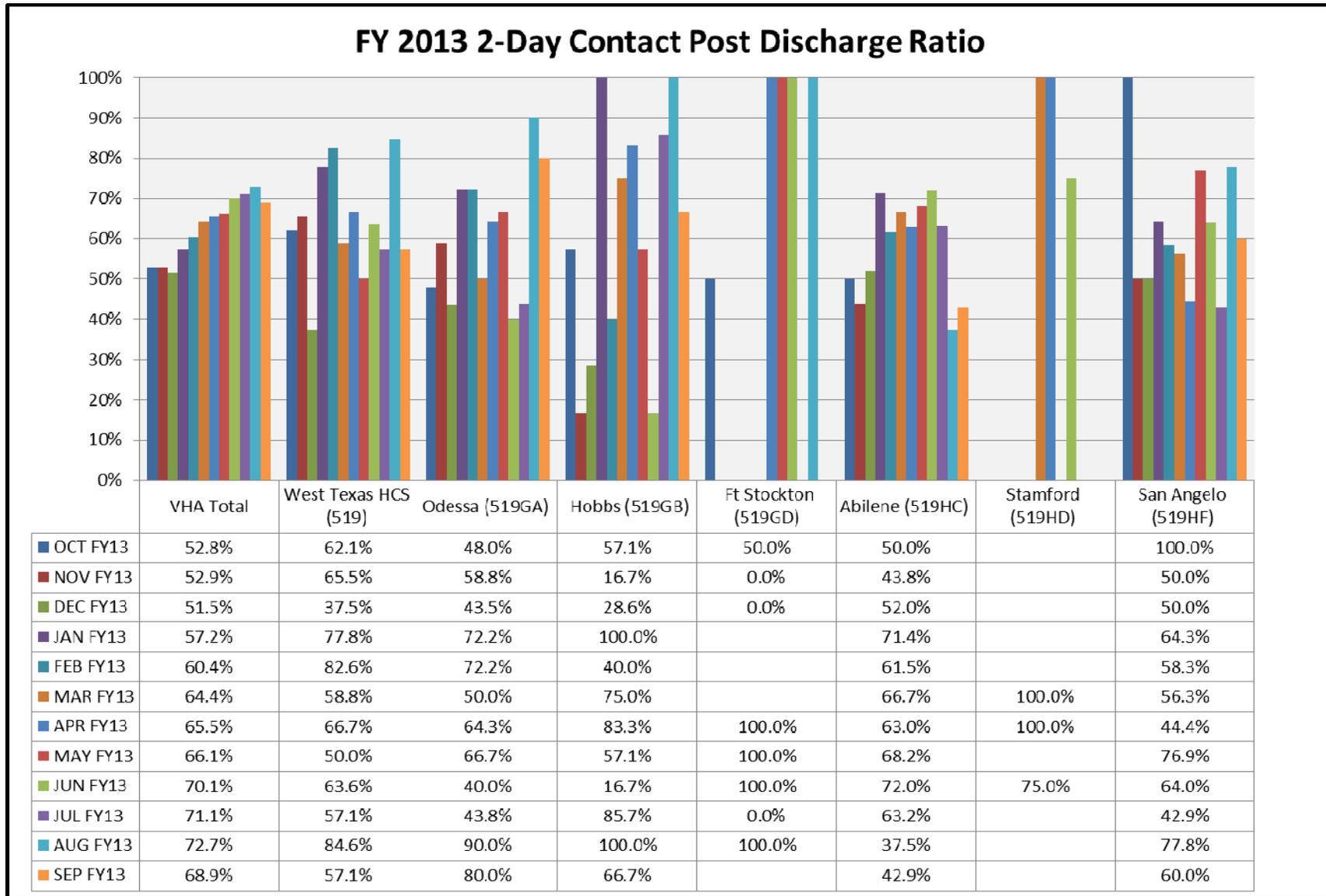
Data Definition.^c The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no FY to date score for this measure. Blank cells indicate the absence of reported data.

FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
—◆— VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
—■— West Texas HCS (519)	12.6%	12.6%	12.3%	12.2%	12.2%	12.3%	12.5%	13.3%	13.6%	14.0%	14.5%	14.9%
—▲— Odessa (519GA)	12.6%	12.8%	12.3%	12.4%	12.8%	12.8%	12.5%	12.0%	11.6%	11.5%	10.9%	10.6%
—×— Hobbs (519GB)	2.9%	2.5%	2.8%	3.1%	3.2%	3.1%	3.2%	3.2%	3.7%	3.6%	3.1%	3.0%
—*— Ft Stockton (519GD)	8.6%	7.9%	8.2%	9.0%	9.4%	9.9%	10.6%	11.6%	12.3%	12.1%	10.9%	9.9%
—●— Abilene (519HC)	6.7%	6.8%	6.6%	6.5%	6.1%	6.2%	6.0%	5.9%	5.6%	5.5%	5.2%	4.8%
—+— Stamford (519HD)	3.3%	3.0%	2.5%	2.5%	2.5%	3.3%	3.3%	3.9%	4.3%	4.3%	4.0%	4.1%
—◇— San Angelo (519HF)	11.8%	13.1%	12.4%	11.6%	11.4%	11.0%	10.5%	10.2%	10.5%	10.1%	9.8%	9.4%

Data Definition.^e This is a measure of where the patient receives his or her primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER Encounters WOP (including FEE ER visits) *divided by* the number of primary care encounters WOP with the patient’s assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER Encounters (including FEE ER visits) WOP plus the number of primary care encounters WOP with a provider other than the patient’s PCP/AP.



Data Definition.^e Total Discharges Included in 2-day Contact Post Discharge Ratio: The total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric. Blank cells indicate the absence of reported data.

VISN Director Comments

Department of
Veterans Affairs

Memorandum

Date: July 2, 2014

From: Interim Director, VA Southwest Health Care Network
(10N18)

Subject: **CBOC and PCC Reviews of the West Texas VA Health
Care System, Big Spring, TX**

To: Director, San Diego Office of Healthcare Inspections (54SD)

Director, Management Review Service (VHA 10AR MRS
OIG CAP CBOC)

1. I concur with the attached facility responses and action plans detained in this draft report of the Community Based Outpatient Clinic and Primary Care Clinic Reviews of the West Texas VA Health Care System, Big Spring, TX.
2. If you have additional questions or concerns, please contact Robert Baum, VISN 18 Executive Officer to the Network Director, at (480) 397-2777.



Joseph M. Dalpiaz

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

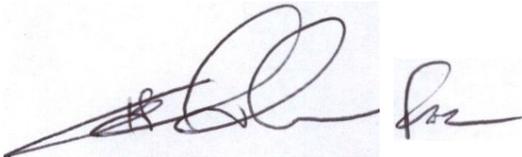
Date: July 2, 2014

From: Director, West Texas Health Care System (519/00)

Subject: **CBOC and PCC Reviews of the West Texas VA Health Care System, Big Spring, TX**

To: Director, VA Southwest Health Care Network (10N18)

1. I have reviewed and concur with the findings and recommendations in the draft report of the Office of Inspector General Community Based Outpatient Clinic and Primary Care Clinic Reviews conducted the week of May 13, 2014.
2. Corrective action plans have been established, with some being already implemented, and target completion dates have been set for the remaining items as detailed in the attached report.



Michael L. Kiefer, MHA, FACHE
Director

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

Recommendation 1. We recommended that external signage clearly identifies the building as a VA CBOC at the Fort Stockton CBOC.

Concur

Target date for completion: September 31, 2014

Facility response: The WTVAHCS has obtained temporary signage to clearly identify the Fort Stockton CBOC as a VA Outreach Clinic. The Contracting Officer Representative (COR) will review and decide with the lessor and contracting officer a time line for installation of the permanent sign. This recommendation shall be complied with no later than the above identified target date.

Recommendation 2. We recommended that managers maintain a clean and functioning environment of care at the Hobbs CBOC.

Concur

Target date for completion: December 31, 2014

Facility response: The Contracting Officer Representative (COR) notified the lessor of the findings and recommendations for improvement in cleanliness at the Hobbs CBOC. A designated Hobbs staff will monitor the facility and report deficiencies in cleanliness to lessor upon each inspection. This will be reported to the Environment of Care (EOC) Committee monthly.

Recommendation 3. We recommended that processes are improved to ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs.

Concur

Target date for completion: January 5, 2015

Facility response: The GEMS Coordinator and/or designee will review the hazardous materials inventory twice within a 12-month period at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs and report to the EOC.

Recommendation 4. We recommended that managers ensure staff can access the electronic version of the chemical inventory at the Abilene and San Angelo CBOCs.

Concur

Target date for completion: December 31, 2014

Facility response: The process of accessing the electronic version of the chemical inventory was reviewed. This training is part of the annual competencies for all employees and is a part of New Employee Orientation. All staff will be trained on accessing the electronic version of the chemical inventory at the Abilene and San Angelo CBOCs. Documentation will be maintained on file with the Education Department.

Recommendation 5. We recommended that processes are improved to ensure the tracking of chemical inventories at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs.

Concur

Target date for completion: December 31, 2014

Facility response: The process for tracking chemical inventories has been reviewed and improvements made. The GEMS Coordinator and/or designee will be responsible to track chemical inventories at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs and report to the Environment of Care Committee monthly. This will be recorded in the EOC monthly minutes.

Recommendation 6. We recommended that the effectiveness of the panic alarm system is evaluated at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs.

Concur

Target date for completion: December 31, 2014

Facility response: The process for the panic alarm system was reviewed and tested. The LYNX panic alarm system in the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs has been systematically tested for effectiveness. It has been verified that the system functions appropriately even when the computer is locked. All CBOC staff will be trained on this process, and the training documented and recorded in the employee's competency folder.

Recommendation 7. We recommended that a separate room is provided to store medical (infectious) waste at the Hobbs CBOC.

Concur

Target date for completion: Completed

Facility response: A room has been designated at the Hobbs CBOC, to be specifically utilized to store medical (infectious) waste. The Hobbs staff has been informed of the process for storage of medical waste.

Recommendation 8. We recommended that fire drills are performed every 12 months at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs.

Concur

Target date for completion: August 31, 2014

Facility response: The process for fire drills performed at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs has been reviewed. The Safety Officer and/or designee will conduct and document fire drills every 12 months. A report of fire drills will be maintained at each CBOC by the CBOC Nurse Manager or designee and also maintained by the Safety Officer. Fire drills will be reported to the EOC Committee.

Recommendation 9. We recommended that managers ensure that personally identifiable information is protected by securing laboratory specimens during transport from the Abilene and San Angelo CBOCs to the parent facility.

Concur

Target date for completion: Completed

Facility response: Locked coolers with ice packs are provided to the Abilene and San Angelo CBOCs. Only staff placing specimens into cooler and staff at the main facility have a key to place and remove specimens. This secures all laboratory specimens during transport to the parent facility. The documentation of lab specimens sent by the CBOCs and received by the main facility is reconciled daily by the Lab Manager and/or designee, and is not accessible to transporting courier.

Recommendation 10. We recommended that the door to the examination room designated for women veterans is equipped with electronic or manual locks at the Fort Stockton CBOC.

Concur

Target date for completion: September 31, 2014

Facility response: The COR has notified lessor of the findings and recommendations for improvement at the Fort Stockton CBOC. The COR and lessor are completing the installation of the appropriate locks to the examination room designated for women veterans. While awaiting the completion of the installation of locks, staff will guard the exam room door to ensure privacy is maintained during a women's health exam, and will put a sign stating: "Exam in Progress, Do Not Enter".

Recommendation 11. We recommended processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Fort Stockton CBOC.

Concur

Target date for completion: September 1, 2014

Facility response: The COR has notified lessor of the findings and recommendations for building improvements at the Fort Stockton Outreach Clinic. Pending building modifications, staff will ensure the women veterans are given the opportunity to use the restroom prior to disrobing for examination and post examination.

Recommendation 12. We recommended that the information technology server closets at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs are maintained according to information technology safety and security standards.

Concur

Target date for completion: Completed

Facility response: Access to the IT network/room/server closet at the Abilene, Fort Stockton, Hobbs, and San Angelo CBOCs is restricted to personnel authorized by OI&T and is behind locked doors. Only authorized personnel now have access and have been issued keys. A list of authorized personnel is posted on the door and a log has been placed in the closet and is to be signed by those entering the closet.

Recommendation 13. We recommended that the parent facility document Emergency Management Preparedness-specific training completed by the West Texas VA Health Care System CBOC clinical providers.

Concur

Target date for completion: August 25, 2014

Facility response: Emergency Management Preparedness - specific training will be completed by the WTVAHCS CBOC clinical providers. Documentation of training will be provided upon completion and maintained by the Education Department.

Recommendation 14. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: November 30, 2014

Facility response: The screening nurse will provide a report to the physician when the Audit C reminder is positive. This will assist to ensure that the diagnostic assessments are completed for all veterans with a positive alcohol screen. The Outpatient Nurse Managers will communicate with assigned PACT teams and monitor for completion of the follow up reminder. The nurse managers will audit 20 charts total for the CBOCs/PCCs monthly. The outcome will demonstrate 90 percent compliance for three consecutive months and will be sustained thereafter. This will be reported to the Quality Executive Board monthly.

Recommendation 15. We recommended that CBOC/Primary Care Clinic staff provide education and counseling for patients with positive alcohol screens and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits.

Concur

Target date for completion: November 30, 2014

Facility response: The clinic staff will provide education and counseling for patients with positive alcohol screens and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits. The nurse managers will audit 20 charts total for CBOCs/PCCs monthly for documentation that education and counseling was provided for patients with positive alcohol screens. The outcome will demonstrate 90 percent compliance for three consecutive months and will be sustained thereafter. This will be reported to the Quality Executive Board monthly.

Recommendation 16. We recommended that CBOC/Primary Care Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: November 30, 2014

Facility response: The clinic staff will document the offer of further treatment to patients diagnosed with alcohol dependence. The follow up reminder captures the documentation that further treatment is offered. The nurse managers will audit 20 charts total for the CBOCs/PCCs monthly for documentation that the offer of further treatment to patients diagnosed with alcohol dependence occurred. The outcome will demonstrate 90 percent compliance for three consecutive months and will be sustained thereafter. This will be reported to the Quality Executive Board (QEB) monthly.

Recommendation 17. We recommended that managers ensure that patients with excessive persistent alcohol use receive brief treatment or are evaluated by a specialty provider within 2 weeks of the screening.

Concur

Target date for completion: November 30, 2014

Facility response: The Outpatient Nurse Manager will ensure that patients with excessive persistent alcohol use are offered brief treatment or are offered an evaluation by a specialty provider within 2 weeks of the screening by using motivational interviewing and health coaching. The Outpatient Nurse Managers will communicate with assigned PACT teams and monitor for completion of the follow up reminder. Education will be provided during PACT meetings on proper way to complete reminder data. The Outpatient Nurse Managers will audit 20 charts total for the CBOCs/PCCs monthly for documentation that treatment or evaluation by a specialty provider occurred within 2 weeks of the screening. The outcome will demonstrate 90 percent compliance for three consecutive months and will be sustained thereafter. This will be reported to the Quality Executive Board (QEB) monthly.

Recommendation 18. We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: November 30, 2014

Facility response: PACT staff will receive health coaching training within 12 months of appointment (Motivational Interviewing and TEACH training) to a team. This training will be documented and maintained by the employee supervisors.

Recommendation 19. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: October 31, 2014

Facility response: The WTVAHCS updated the Provider Note template and the History and Physical template to ensure medication reconciliation is completed with each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified. The provider is prompted prior to closing the visit note to complete the medication reconciliation for all medications the patient is taking or started on during the visit. The Administrative Officer for Ambulatory Care Services will audit 10 charts monthly to monitor for completion of the medication reconciliation process where a newly prescribed fluoroquinolone was administered, prescribed, or modified. The results will be reported to the Pharmacy and Therapeutics Committee, who in turn will report to Medical Executive Board. A 90 percent compliance rate will be achieved for three months with continued sustainment of compliance.

Recommendation 20. We recommended that staff provide medication counseling/education as required.

Concur

Target date for completion: October 31, 2014

Facility response: Pharmacy collaborated with the Office of Information and Technology (OI&T) to set up a process that notifies pharmacy staff that a fluoroquinolone has been ordered and action is required. When the drug is filled an alert is triggered that notifies pharmacy staff to provide the FDA patient health information in the patient's education packet. Pharmacy will conduct random sampling of 10 fluoroquinolones a month to ensure 90 percent compliance for three months. This will be tracked and reported monthly to the Pharmacy and Therapeutic (P& T) Committee.

Recommendation 21. We recommended that staff document the evaluation of patient's level of understanding for the medication education.

Concur

Target date for completion: October 31, 2014

Facility response: The WTVAHCS updated the Provider Note template and the History and Physical template to ensure the evaluation of a patient's level of understanding for medication education is completed with each episode of care. The provider is now prompted prior to closing the visit note to complete the patient's level of understanding for the medication education that is provided. The Administrative Officer for Ambulatory Care Services will audit 10 charts monthly to monitor completion of the patient's level of understanding for the medication education. The results will be reported to the P & T Committee, who in turn will report to Medical Executive Board. The goal is for 90 percent compliance for three months with continued sustainment of compliance.

OIG Contact and Staff Acknowledgments

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Endnotes

^a References used for the EOC review included:

- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.
- VA Directive 0324, *Test, Training, Exercise, and Evaluation Program*, April 5, 2012.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention*, May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information System*, September 20, 2012.
- VHA Center for Engineering, Occupational Safety, and Health, *Emergency Management Program Guidebook*, March 2011.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Environmental Rounds*, March 5, 2007.
- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1850.05, *Interior Design Operations and Signage*, July 1, 2011.

^b References used for the AUD review included:

- National Center for Health Promotion and Disease Prevention (NCP), Veteran Health Education and Information (NVEI) Program, *Patient Education: TEACH for Success*. Retrieved from http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER_Prevention_News_Winter_2012_2013_FY12_TEACH_MI_Facilitator_Training.asp on January 17, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

^c References used for the Medication Management review included:

- VHA Directive 2011-012, *Medication Reconciliation*, March 9, 2011.
- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.

^d References used for the DWHP review included:

- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Health Care Services for Women Veterans*, Veterans Health Administration (VHA) Handbook 1330.01; Women's Health (WH) Primary Care Provider (PCP) Proficiency, July 8, 2013.
- VHA Handbook 1330.01 *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

^e Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.